



# 2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency  
1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer.

## Permit Information

1. What action would you like to take? \*

File a New Notice of Intent Form

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this form. Submission of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage.

Operator Name (Organization Name) \*

GCP Applied Technologies Inc.

Operator Name as Noted by the NOI Preparer

GCP Applied Technologies

2. Select the state/territory where your facility is located \*

MA

3. Is your facility located on Indian Country lands? \*

☐ Yes

☒ No

4. Are you requesting coverage as a "federal operator" as defined in Appendix A? \*

☐ Yes

☒ No

5. Are you a new discharger or a new source as defined in Appendix A? \*

☐ Yes ☒ No

5a. Have stormwater discharges from your facility been covered previously under an NPDES permit? \*

☒ Yes ☐ No

5aa. Provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual permit \*

MAR053273

6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding National Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer system. \*

☐ Yes ☒ No

7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge flows directly into the site through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sewer system. \*

☐ Yes ☒ No

8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? \*

☒ Yes ☐ No

9. By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. \*

☒ Yes ☐ No

10. Master Permit Number

MAR050000

#### A: Facility Operator Information

1. Operator Name (Organization Name) \*

GCP Applied Technologies Inc.

2. Street \*

62 Whittemore Ave.

3. Supplemental Address

4. City \*

Cambridge

5. State \*

MA

6. ZIP Code \*

02140

7. Facility County or Similar Govt. Subdivision \*

Middlesex

8. Phone (10-digits, No dashes) \*

6174984594

9. Extension

10. E-Mail \*

Brian.E.Oconnell@gcpat.com

Operator point of contact information

11. First Name \*

Brian

12. Middle Initial

E

13. Last Name \*

O'Connell

14. Professional Title \*

Sr. Environmental Specialist

#### B: Facility Information

1. Facility Name \*

Cambridge

☒ Facility address same as facility operator address

2. Street/Location \*

62 Whittemore Ave.

3. Supplemental Address

4. City \*

Cambridge

5. State \*

MA

6. ZIP Code \*

02140

7. Facility County or Similar Govt. Subdivision \*

Middlesex

Latitude/Longitude for the facility:

8. Latitude (Decimal Degrees) \*

+

42.3985

-

9. Longitude (Decimal Degrees) \*

71.1370

10. Latitude/Longitude Data Source \*

Other

11. Horizontal Reference Datum

12. What is the ownership type of the facility \*

Corporation

13. Estimated area of industrial activity at your facility exposed to stormwater (to the nearest quarter acre) \*

3.3

Identify the applicable sector and subsector of your primary industrial activity (See Appendix D) that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP, and the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code:

15. Sector \*

SECTOR C: CHEMICALS AND ALLIED PRODUCTS

16. Primary SIC Code \*

2899: Chemical Preparations

17. Subsector

C5: Miscellaneous Chemical Products

18. Identify the applicable sectors(s) of any co-located industrial activity for which you are requesting permit coverage.

Sector

SECTOR C: CHEMICALS AND ALLIED PRODUCTS

Subsector \*

C2: Industrial Inorganic Chemicals

Sector

SECTOR C: CHEMICALS AND ALLIED PRODUCTS

Subsector \*

C1: Agricultural Chemicals

22. Is your facility presently inactive and unstaffed? \*

☐ Yes

☒ No

### C: Discharge Information

1. Does your facility discharge into any saltwater receiving waters? \*

☐ Yes

☒ No

2. What is the hardness of your receiving water(s) (see Appendix J) \*

50-74.99 mg/L

3. Identify if the following Effluent Limitation Guideline(s) apply to any of your discharges

**Outfalls**

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID \*      B. Latitude (Decimal Degrees) \*      C. Longitude (Decimal Degrees) \*

|     |   |           |   |           |
|-----|---|-----------|---|-----------|
| 001 | + | 42.398124 | - | 71.137676 |
|-----|---|-----------|---|-----------|

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

**Outfall Section**

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) \*

Alewife Brook

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? \*

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

|                             |                       |
|-----------------------------|-----------------------|
| Cause Group *               | Pollutant *           |
| METALS (OTHER THAN MERCURY) | Copper, total [as Cu] |

Please select the cause group and pollutant for which the waterbody is impaired:

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| Cause Group *                       | Pollutant *                          |
| ORGANIC ENRICHMENT/OXYGEN DEPLETION | Oxygen, dissolved percent saturation |

Please select the cause group and pollutant for which the waterbody is impaired:

|               |                         |
|---------------|-------------------------|
| Cause Group * | Pollutant *             |
| PATHOGENS     | Coliform, fecal general |

Please select the cause group and pollutant for which the waterbody is impaired:

|               |                                    |
|---------------|------------------------------------|
| Cause Group * | Pollutant *                        |
| OTHER CAUSE   | Particulates, floating, dry weight |

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

METALS (OTHER THAN MERCURY)

Pollutant \*

Lead, total [as Pb]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

NUTRIENTS

Pollutant \*

Phosphorus, total [as P]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

TASTE, COLOR, AND ODOR

Pollutant \*

Odor [Threshold Number]

3. Has a TMDL been completed for this receiving waterbody? \*

☐

Yes

☒

No

#### Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID \*

002

+

B. Latitude (Decimal Degrees) \*

42.397800

-

C. Longitude (Decimal Degrees) \*

71.137818

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? \*

☒

Yes

☐

No

E. Substantially identical to outfall ID \*

001

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

#### Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) \*

Alewife Brook

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? \*

☒

Yes

☐

No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

METALS (OTHER THAN MERCURY)

Pollutant \*

Copper, total [as Cu]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

ORGANIC ENRICHMENT/OXYGEN DEPLETION

Pollutant \*

Oxygen, dissolved percent saturation

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

PATHOGENS

Pollutant \*

Coliform, fecal general

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

OTHER CAUSE

Pollutant \*

Particulates, floating, dry weight

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

METALS (OTHER THAN MERCURY)

Pollutant \*

Lead, total [as Pb]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

NUTRIENTS

Pollutant \*

Phosphorus, total [as P]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

TASTE, COLOR, AND ODOR

Pollutant \*

Odor [Threshold Number]

3. Has a TMDL been completed for this receiving waterbody? \*

☐ Yes ☒ No

#### Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID \*

003

+

B. Latitude (Decimal Degrees) \*

42.397538

-

C. Longitude (Decimal Degrees) \*

71.38532

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? \*

☒ Yes ☐ No

E. Substantially identical to outfall ID \*

001

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

#### Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.  
(You may edit the name of the water of the U.S. that was returned if incorrect.) \*

Alewife Brook

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? \*

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

METALS (OTHER THAN MERCURY)

Pollutant \*

Copper, total [as Cu]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

ORGANIC ENRICHMENT/OXYGEN DEPLETION

Pollutant \*

Oxygen, dissolved percent saturation

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

PATHOGENS

Pollutant \*

Coliform, fecal general

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

OTHER CAUSE

Pollutant \*

Particulates, floating, dry weight

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

METALS (OTHER THAN MERCURY)

Pollutant \*

Lead, total [as Pb]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

NUTRIENTS

Pollutant \*

Phosphorus, total [as P]

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

TASTE, COLOR, AND ODOR

Pollutant \*

Odor [Threshold Number]

3. Has a TMDL been completed for this receiving waterbody? \*

☐ Yes ☒ No

Provide the following information about your outfall latitude longitude.

5. Latitude/Longitude Data Source \*

Map

6. Horizontal Reference Datum

7. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? \*

☒ Yes ☐ No

7a. Provide the name of the MS4 Operator \*

City of Cambridge, MA

8. Do you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) (See Appendix L)? \*

☐ Yes ☒ No

#### D: Stormwater Pollution Prevention Plan (SWPPP) Information

##### SWPPP Contact Information

1. First Name \*

David

2. Middle Initial

F

3. Last Name \*

Croce

4. Professional Title \*

Director, Facilities Services

5. Phone (10-digits, No dashes) \*

6174984416

6. Extension

7. E-Mail \*

david.f.croce@gcpat.com

8. Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information. \*

**Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.**

☐ Option 1: Maintain a Current Copy of your SWPPP on an Internet page (Universal Resource Locator or URL).

☒ Option 2: Provide the following information from your SWPPP.

A. Describe your onsite industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning, cutting steel beams), and potential spill and leak areas. \*

Cement Storage- Building 24 is used for storage of Portland cement in drums and on pallets. Potential for limited amounts of dust to be tracked in/out.

Waterproofing- Solid waterproofing materials are held inside building 34. The building is located within the 100 year floodmark area and will occasionally gather water indoors. No material is stored on the ground, but should something spill or break during a rain event, it could get into the stormwater.

Storage of Trash- Occasionally there will be several pallets of materials that need to be disposed of. This could consist of any variety of construction materials (bags of cement, bags of fireproofing material, etc...). If a bag gets a hole, dust would fall to the ground and be exposed to stormwater.

Diesel Generator- 500 gallons of diesel fuel is stored in the generator. If something happened to the generator, the fuel could enter the storm water. Minor spills could also occur during the loading process.

Dumpsters- GCP has 3 opened top dumpsters; 2 are used for hardened concrete and 1 is used for other construction garbage. Rainfall would enter the dumpster and drain out, possibly taking debris from the construction garbage with it.



Forklift Operations- Forklifts will move materials from Shipping and Receiving to designated areas around site. Potential for pollutant release and forklift tracking during transit should a spill/leak occur.

Customer Training for Tech Services- During application training, there is possibility for spill/leak/release of material which could then reach the stormwater. Materials could include water based and oil based waterproofing compounds.

B. List the pollutants(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and/or in any authorized non-stormwater discharges listed in Part 1.1.3. \*

Cement Blending Operations- pH, TSS  
Waterproofing Material Storage- pH, O&G, TSS  
Storage of Trash- pH, TSS, Debris/Floatables/Trash  
Diesel Generator- Foam/Flocs/Scum, O&G  
Dumpsters- pH, TSS, Debris/Floatables/Trash  
Forklift Operations for Transporting Materials- pH, TSS, Debris/Floatables/trash, O&G, Nitrate/Nitrite  
Customer Training for Tech Services- Debris/Floatables/Trash

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4). \*

Control Measures:

Site Wide- Periodic visual and housekeeping inspections are performed, no less than quarterly, to ensure there is no debris/trash on the ground. Shipping and receiving inspects all incoming containers for spills and leaks. Site wide procedures are in place to handle any spills or emergencies that should occur on site. In addition, we have 24/7 security to monitor for any unusual activity. Materials stored inside are kept within secondary containment. Snow removal is completed using salt; no sand is used in order to reduce the possibility of solids entering our stormwater run off.

Parking Lot- Dry well keeps contamination from flowing off site.

Minimum Exposure

GCP has several control measures in place to assist in minimizing exposure including:

- Most industrial activity occurs in doors. There is no permanent material storage outdoors, reducing exposure possibility to stormwater.
- Clean up spills and leaks promptly using dry methods (e.g. absorbents) to prevent discharge of pollutants.
- Use spill/overflow protection measures.
- Perform all cleaning operations indoors, under cover, or in bermed areas that prevent run-off and run-on and also that capture any overspray.
- Ensure that all washwater drains to proper collection system (i.e. not the stormwater drainage system).

Spill Prevention and Response:

GCP Applied Technologies Cambridge has eliminated most sources by storing and using most materials and conducting most activities inside or under roof. GCP has developed and implemented spill/emergency response plans and standard operating procedures (SOPs) to address spill prevention and response. Relevant plans include the following:

Emergency Response Plan  
Spill Prevention Control & Countermeasure Plan  
Chemical Hygiene Plan  
Hazard Communication Plan  
Emergency Response Procedure  
Chemical Spill SOP  
Waste Management Plan

Management of Runoff:

There are no areas of the site which reuse or recycle stormwater runoff.

Non-Stormwater Runoff:

Pump House- Annual fire pump test.  
All Onsite Outfalls- Quarterly sprinkler tests, rooftop AC unit condensate, air compressor condensate, landscape water/lawn sprinklers.

All referenced equipment is maintained regularly to minimize any discharge of pollutants.

Employee Training:

Current employees receive ongoing EHS training on environmental regulatory requirements, responsibilities of reporting, and notifying the site EHS Manager in instances of releases or spills that could impact stormwater. GCP conducts annual online training for personnel responsible for any aspect of stormwater management, including those individuals responsible for implementing activities identified in the SWPPP. This training informs responsible personnel of the components and goals of the SWPPP and addresses topics related to stormwater management such as:

- General good housekeeping practices
- Petroleum product management
- Chemical Management
- Fueling Problems
- Spill prevention and control.
- Material handling

D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2). \*

Good Housekeeping

Good housekeeping procedures implemented at the facility include the following:

- The research and development group and the facilities group perform monthly housekeeping inspections.
- GCP conducts weekly inspections of the hazardous waste storage areas. A log book is kept for each of the less than 180 day storage areas.
- Monthly inspections pursuant to the site SPCC plan in which all tanks and drums, their associated containment structures, and other equipment related to the use of oil are inspected for integrity, corrosion, leaks etc.
- Site maintains contract with Clean Harbors to provide spill response and cleanup.
- GCP implements inventory control procedures to store the minimum amount of chemicals and petroleum products necessary.
- Site implements effective material storage practices that include storing materials under roof and in containers adequate for the contents and storage locations, such that corrosion and deterioration of the containers are minimized. This includes proper labeling of all containers and maintenance of SDS on materials stored (as described in the Chemical Hygiene Plan and Hazard Communication Plan)

Maintenance

Preventative maintenance will be used to keep outdoor equipment in good working order. Outdoor equipment should be inspected and maintained regularly for corrosion, cracks, holes, splitting seams, damaged or worn parts, and deterioration. By doing preventative maintenance, spills, leaks and other releases from outdoor equipment can be reduced. Some specific examples include equipment like forklifts and the emergency generator which are serviced regularly for preventative maintenance by 3rd party vendors, while outdoor HVAC equipment are serviced regularly for preventative maintenance by the in-house maintenance staff.

Schedule of Inspections

- Visual Inspections- Quarterly
- Routine Facility Inspections- Quarterly
- Comprehensive Site Inspection- Annually
- Benchmark Monitoring- Quarterly
- Impaired Water Monitoring- Annually

E: Endangered Species Protection

1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit? \*

Criterion A – No listed species or critical habitat are in the action area

2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services). \*

Criterion determined after review of "Listed species believed to or known to occur in Massachusetts" provided by US Fish and Wildlife Service's Environmental Conservation Online System.

F: Historic Preservation

1. If your facility is not located in Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe? \*

☐ Yes      ☒ No

2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.7 are you eligible for coverage under this permit \*

Criterion B - Subsurface stormwater controls will not affect historic properties

Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 40 CFR 122.22 (d)

Certifier E-Mail \*

David.F.Croce@grace.com

Form Action \*

Approve